

CORPORATE GUARDIAN STATUS APPLICATION

Collection of the information on this form is required to assist the department to determine whether a non-profit corporation is a suitable agency and is qualified to serve as a guardian as stated in s. HFS 85.01, Wis. Admin. Code. Failure to provide the requested information may result in denial of the corporate guardian status. Questions about completion of this form may be directed to 608-243-2355.

Name of Organization		Date Incorporated	
Mailing Address	City	State	Zip
Contact Person	Title	Area Code/Telephone Number	

Primary Purpose of Organization

Protective Services or Protective Placements Provided by the Organization

CORPORATE GUARDIAN SERVICES

TYPE

☐ Class A [HFS 85.02(1)]

☐ Class B [HFS 85.02(2)]

ANTICIPATED NUMBER OF WARDS

NOTE: Limits on the number of wards served by Class A or Class B agencies do not apply to temporary and standby guardianships.

Temporary Guardianship	Standby Guardianships	Permanent Guardianships		
		Guardian of the Person Only	Guardian of the Estate ONLY	Guardian of the Person and/or Estate

Disability and Age Groups to be Served

Geographical Areas Served

CORPORATE STRUCTURE – BOARD OF DIRECTORS AND EMPLOYEES

Attach an organizational chart that delineates the lines of authority and identifies the board of directors, any advisory committees, consultants, the lead person responsible for the corporate guardian program, and staff / volunteers and funding resources.

Attach a copy of the articles of incorporation by-laws and latest periodic report and a list of the names and addresses of persons serving on the corporation's board of directors and a list of employees of the guardianship program.

a. **List below** only those board members or employees who also are members or employees of a community board, a county human services board or county social services department as specified in s. S 85.03(4) and indicate the county or counties affected. (Attach additional pages if necessary.)

Name	Corporate Guardian Agency Role	Other Agency Affiliation (specify agency and role)	County(ies) Affected

STAFF

- ## FUNDING

Identify all sources of actual or anticipated funding for the corporate guardian program.

SOURCE	AMOUNT

[illegible]

The applicant corporation, through the actions of its guardianship program administrator, agrees to:

- | | | |
|--|-------|-------------|
| SIGNATURE – Organization Representative | Title | Date Signed |
|--|-------|-------------|

Any party adversely affected by a decision of the department about the suitability of a corporation to serve as guardian may appeal that decision to the department's office of administrative hearings under ss. 227.064 and 227.07 to 227.13, Wis. Stats.